Issue Classification	Application No. 09/759,762	Applicant(s) HOFFBECK	
	Examiner David T. Fox	Art Unit 1638	

ISSUE CLASSIFICATION

ORIGINAL		CROSS REFERENCE(S)							
CLASS	**SUBCLASS**	**CLASS**	**SUBCLASS (ONE SUBCLASS PER BLOCK)**						
800	320.1	800	263	264	265	268	274	275	278

INTERNATIONAL CLASSIFICATION									
			300	301	302	303			
A	0	1	H	5/00	435	412	419	421	430	430.1	468	
A	0	1	H	5/10								
A	0	1	H	1/02								
C	1	2	N	5/04								
				/								

NONE (Assistant Examiner) (Date)	DAVID T. FOX PRIMARY EXAMINER GROUP 180 1638 (Primary Examiner) (Date)	Total Claims Allowed: 31
(Legal Instruments Examiner) (Date)		O.G. Print Claim(s) 1 — O.G. Print Fig. NONE

☐ Claims renumbered in the same order as presented by applicant	☐ CPA	☐ T.D.	☐ R.1.47

Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original
	211		241		271		301		331		361		391
	212		242		272		302		332		362		392
	213		243		273		303		333		363		393
	214		244		274		304		334		364		394
	215		245		275		305		335		365		395
	216		246		276		306		336		366		396
	217		247		277		307		337		367		397
	218		248		278		308		338		368		398
	219		249		279		309		339		369		399
	220		250		280		310		340		370		400
	221		251		281		311		341		371		401
	222		252		282		312		342		372		402
	223		253		283		313		343		373		403
	224		254		284		314		344		374		404
	225		255		285		315		345		375		405
	226		256		286		316		346		376		406
	227		257		287		317		347		377		407
	228		258		288		318		348		378		408
	229		259		289		319		349		379		409
	230		260		290		320		350		380		410
	231		261		291		321		351		381		411
	232		262		292		322		352		382		412
	233		263		293		323		353		383		413
	234		264		294		324		354		384		414
	235		265		295		325		355		385		415
	236		266		296		326		356		386		416
	237		267		297		327		357		387		417
	238		268		298		328		358		388		418
	239		269		299		329		359		389		419
	240		270		300		330		360		390		420

ISSUE CLASSIFICATION

ORIGINAL		CROSS REFERENCE(S)	
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)

INTERNATIONAL CLASSIFICATION

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(Assistant Examiner)   (Date)

(Legal Instruments Examiner)   (Date)

(Primary Examiner)   (Date)

Total Claims Allowed:

O.G. Print Claim(s)	O.G. Print Fig.

☒ Claims renumbered in the same order as presented by applicant   ☐ CPA   ☐ T.D.   ☐ R.1.47

Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original
1	1		31	5	61		91		121		151		181
	2		32	6	62		92		122		152		182
	3		33	7	63		93		123		153		183
	4		34	8	64		94		124		154		184
	5		35	9	65		95		125		155		185
	6		36	10	66		96		126		156		186
	7		37	11	67		97		127		157		187
	8		38	12	68		98		128		158		188
	9		39	13	69		99		129		159		189
	10		40	14	70		100		130		160		190
	11		41	15	71		101		131		161		191
	12		42	16	72		102		132		162		192
	13		43	17	73		103		133		163		193
	14		44	18	74		104		134		164		194
	15		45	19	75		105		135		165		195
	16		46	20	76		106		136		166		196
	17		47	21	77		107		137		167		197
	18		48	22	78		108		138		168		198
	19		49	23	79		109		139		169		199
	20		50	24	80		110		140		170		200
	21		51	25	81		111		141		171		201
	22		52	26	82		112		142		172		202
	23		53	27	83		113		143		173		203
	24		54	28	84		114		144		174		204
	25		55	29	85		115		145		175		205
	26		56		86		116		146		176		206
	27		57		87		117		147		177		207
	28	2	58	30	88		118		148		178		208
	29	3	59	31	89		119		149		179		209
	30	4	60		90		120		150		180		210